

215037684
60472

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 018	Agency Case No. B5-085879	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0940	Amended	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1040 Y ST		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	09/17/2015	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	8.00			X	SOUTH CURB	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/N	DRIVER	UNATTENDED-LEGALLY PARKED		PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
1	OWNER	SKYLER K JACKSON (12-5-95)		PHONE 9136337524	LOCAL NO.	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
6	LICENSE PLATE PA NO. 149GKJ	YEAR 2016	STATE (Of Plate) KS			
H	VEHICLE	YEAR 2002	MAKE KIA	MODEL RIO	BODY STYLE 4 door Sedan	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000
V1/O	VEHICLE ID NO. (VIN)	KNADC123226161162		INSURANCE COMPANY TWIN CITY FIRE INS CO		
V2/O	TOWED TO	TOWED BY		POLICY NO. 37PH8150119277381		
5	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER	UNKNOWN		PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
8	OWNER	UNKNOWN		PHONE	LOCAL NO.	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO. UNKOWN	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
4	VEHICLE ID NO. (VIN)	UNKOWN		INSURANCE COMPANY		
K	TOWED TO	TOWED BY		POLICY NO.		
01	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

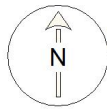
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

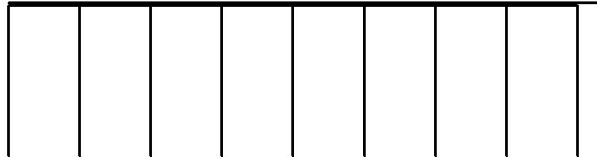
AGENCY CASE NO.
B5-085879



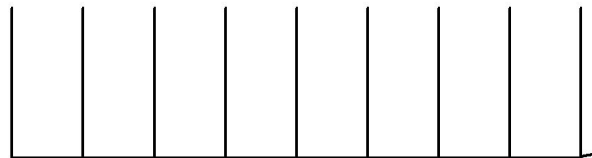
Indicate
North
by Arrow



POI-UNKNOWN
VEHICLE MOVED PRIOR TO OFFICERS ARRIVAL
NO PHYSICAL DEBRIS AT THE SCENE



VEHICLE 2 NOT SHOWN
AS DIRECTION OF TRAVEL
IS UNKNOWN



PARKING LOT TO 1040
Y ST

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of vehicle 1 (O1) called police to report a hit and run. O1 said her vehicle was parked in the lot between 2130 hrs on 9-15-15 and 0930 hrs on 9-16-15. O1 said her vehicle was hit by an unknown vehicle to the front drivers side quarter panel making it difficult to open the driver's side door. O1 had moved the car prior to officers arrival.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	1			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		Driver No. 1		Driver No. 2		Pedestrian				
1									POINT OF IMPACT		POINT OF IMPACT		Y		Y		Y				
2									MOST DAMAGED AREA		MOST DAMAGED AREA		N		N		N				
1					06 Turning left				08		08		5		5		5				
2	13				08 Entering traffic lane				08		08		5		5		5				
01 Essentially straight ahead					09 Leaving traffic lane				00 None		02		03		04		05		06		
02 Backing					10 Parked				09 Top & windows		01		07		08		09		10		
03 Changing lanes					11 Slowing or stopped in traffic				10 Undercarriage		06		07		08		09		10		
04 Overtaking/ Passing					12 Other				11 Total (all areas)		07		08		09		10		11		
05 Turning right					13 Unknown				12 Other		08		09		10		11		12		
OFFICER NO. 244					TROOP/ TEAM/ BEAT NW					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO						
INVESTIGATOR NAME (Print or Type) Court Cleland										INVESTIGATOR SIGNATURE Approved by Heather Baker										DATE OF REPORT 09/17/2015	